Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10827212

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)							. · B	TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		.0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		0			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in o						olumn 2		TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II								·		•	OTHER	THAN
		(Column 1)	(Column 2			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X43=		OR	X86=	
	FIRST PRESE	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=	·	OR	+290=	
										OR	TOTAL ADDIT. FEE	
	•	^	NDDIT. FEE		•	ADDII. FEE						
		(Column 1) CLAIMS		(Colum		(Column 3)	l r		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		!	+145=		OR	+290=	
								TOTAL DDIT. FEE			TOTAL	•
										On,	ADDIT. FEE	
		۱ _	•		_							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	t t		=		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***		=		X43=		OR	X86=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
4 **	If the cate is column 1 in less than the cate is column 2 and a sale of cate of									OR	+290=	·
** t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR ,	TOTAL ODIT, FEE	
		mber Previously Pa ber Previously Paid						DDIT. FEE L	ropriate box			